Signature of Clerk or Deputy Clerk

## I MITTED STATES DISTRICT COLIDT

	or the
Eastern Dist	rict of Virginia
Daniel L. Gross	) ) )
Plaintiff(s)  V.  James R. Dudley, MD	) ) Civil Action No. 3:21cv805 ) ) )
Defendant(s)	) )
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address) James R. Dudley, MD Riverside Medical Group 618 Hospital Road Tappahannock, VA 22560	
A lawsuit has been filed against you.	
are the United States or a United States agency, or an offic	
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	CLERK OF COURT
Date:	

Civil Action No. 3:21cv805

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (name	e of individual and title, if any)	James R. Dudley, MD		
was rec	ceived by me on (date)		· -		
	☐ I personally served t	he summons on the individ	dual at <i>(place)</i>		
			on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)				
	, a person of suitable age and discretion who resides there,				
	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summor	ns on (name of individual)		, who is	
	designated by law to accept service of process on behalf of (name of organization)				
			on (date)	; or	
	☐ I returned the summ	ons unexecuted because		; or	
	Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty	of perjury that this inform	ation is true.		
Date:			Server's signature		
			Printed name and title		
			Server's address		

Additional information regarding attempted service, etc: